

**H.B. 843 Kentucky Commission on Services and Supports for Individuals
With Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnosis
May 9, 2007
Capitol Plaza Hotel
Frankfort, Kentucky**

Commission Members Present: Representative Mary Lou Marzian, Secretary Mark Birdwhistell, William Hacker, John Burt, John Rees, Deborah Anderson, Germaine O'Connell, Senator Dan Kelly, Senator Charlie Borders, Senator Johnny Ray Turner, Representative Charlie Siler, David Bolt, Bill Cooper, Ben Cook, Davey King, Kevin Pangburn, Carrie Banahan, Sheina Murphy, Holly Hendricks, Karyn Hascal, Kelly Gunning, Bill Heffron, Tom Emberton, Maureen Fitzgerald, Ken Schwendeman and Jane Seltsam.

WELCOME

- Co-Chair Secretary Birdwhistell called the meeting to order and made brief introductory remarks.
- Co-Chair Representative Marzian welcomed everyone to the HB 843 Commission meeting and thanked everyone for participating in the retreat meetings that were held in September and December 2006 focusing on psychiatric emergencies.
- Secretary Birdwhistell welcomed representatives from the Robert Wood Johnson (RWJ) Foundation and Kentucky River Community Care to present an overview of the "*Reclaiming Futures in the Mountains of Southeastern Kentucky*", a pilot program funded by the RWJ Foundation.

Update on Eastern State Hospital Construction

Secretary Birdwhistell

Secretary Birdwhistell stated that Bluegrass MHMR Board has a conceptual proposal to build a new hospital to replace the existing Eastern State Hospital. The time has come to move forward with this project and obtain architectural designs, drawings, diagrams and cost estimates. The Commonwealth will be contracting with Bluegrass MHMR Board to begin this process so the Cabinet can be prepared for the 2008 legislative session with cost estimates for the budget request and appropriations. Bluegrass MHMR will build the hospital and the state will pay them not only for their management operation but for the building of the new hospital as well. It is unclear on how long this process will take but we should have a better idea after the initial design phase.

Review 2007 General Assembly Legislation

Rob Edwards – CHFS Legislative Director

Rob gave a brief overview of the 2007 General Assembly. Six hundred bills were introduced during this session and DMHMRS reviewed 123 pieces of legislation providing valuable input for the Cabinet's final reviews.

A few of the bills that passed which will have a specific impact on Mental Health and Substance Abuse Services were:

- ❖ SB 69 – Adds a psychiatrist practicing in a CMHC to the Medicaid Pharmacy & Therapeutics (P&T) Advisory Committee.
- ❖ HB 337 – Requires Medicaid coverage of tobacco comprehensive cessation treatment.

- ❖ HB 305 – Raises the minimum wage for Kentucky workers.
- ❖ SB 104 – Creates the infrastructure to train law enforcement for Crisis Intervention Teams (CIT) statewide.
- ❖ HB 362 – Social worker safety bill – known as the "Boni Bill" that provides \$6 million for additional staff and safety improvements.

Secretary Birdwhistell commented on the importance of the CIT bill and the impact it will have on mental health services throughout the state. Without the collaboration between cabinets, communities, legislators, law enforcement and advocates this initiative would not have become law.

Department of Mental Health & Mental Retardation Mortality Review Process

Dr. John Burt

Dr. Burt stated that there was a plan in the department to perform a comprehensive review of all the gaps related to the department and the organizations that provide residential services operated or contracted by the DMHMRS. Dr. Burt outlined the requirements for reporting and investigating these incidents and the importance of a thorough investigation. Listed below is an overview of the process:

Facility Mortality Response Process

- Psychiatric and ICF/MR Facilities: Within 8 hours – fax face sheet incident report to MHMR; Overnight notification to MHMR (Phone call or e-mail)
- ICFs/MR: Within 5 days – send investigation report to MHMR
(Note: Congruent with DOJ Mortality Review Protocol)
- Nursing Facilities: Within 5 days – send investigation report to MHMR
- Psychiatric Facilities: Within 14 days - send investigation report to MHMR (possibly later depending on receipt of autopsy or coroner's report)

Community Provider Mortality Response Process

1. Community provider notifies MHMR immediately (fax or phone)
2. Community provider submits full report within 7 days
3. MHMR nurse reviews information and calls agency to obtain additional information
4. See Protocol for Mortality Investigations for detailed response information

DMHMRS Mortality Review Committee Membership:

Ed Maxwell, M.D. - Chair (MHMR Medical Director)

Jose de Leon, M.D. (University of Kentucky)

Allen Brenzel, M.D. (DCBS)

Eugene Foster, Ph.D. (CHFS)

Pat Wear (CHFS)

Functions of the DMHMRS Mortality Review Committee:

1. Review facility mortality information and community agency investigations for quality, completeness and accuracy.
2. Recommend special external review when indicated.
3. Collect, aggregate, and analyze data provided by facilities and community providers.
4. Develop recommendations for community/facility change and systems change for presentation to Advisory Committee.

5. Inform community providers/facilities of identified risk factors and precautions.
6. Prepare reports for presentation to the Advisory Committee.
7. Respond to recommendations from the Advisory Committee.

Commissioner's Advisory Committee Membership:

Commissioner John Burt, Chair

Marsha Hockensmith, Protection and Advocacy Representative

Consumer (nominated by P & A)

Dick Covert, Family Member

Steve Shannon, KARP Representative

Johnny Callebs, KAPP Representative

Joe Toy (Bluegrass – Eastern State Hospital), Psychiatric Hospital Representative

Jim Richardson (Cedar Lake), ICF/MR Representative

Functions of Commissioner's Advisory Committee:

1. Review summary of findings of Mortality Review Committee for preceding quarter including cause of death and indications for system change
2. Review recommendations for systems change for endorsement.
3. Identify other issues for exploration based upon findings presented.
4. Present findings/endorsements at 843/144 Commissions Quality Subcommittee meetings for system/legislative change recommendations.

LRC Program Review & Investigations Report on CMHC's

Cindy Upton

Cindy Upton reported on the LRC Program Review and Investigations Committee study that was conducted on the Community Mental Health Centers during 2006 and adopted by the legislative committee in December 2006. The study focused on the following objectives:

- Mission, activities, personnel and financial resources;
- Determination of consumers' needs and procedures used;
- Treatment, monitoring and outcome evaluation; and
- Sufficiency of resources (major focus)

After completion, the following recommendations were made to the General Assembly:

1. The HB 843 Commission and the HB 144 Commission should develop comprehensive plans for needed services and funding, and the General Assembly may wish to direct the commissions to present a plan to the Governor and the Legislative Research Commission in sufficient time before each biennium so that the plan could be useful in the budgetary process. The plan should include specific population and service targets, funding needs, and measurable outcomes.
2. The General Assembly may consider merging the 843 Commission and the 144 Commission to identify needs, prepare a plan for services and associated funding, and identify expected outcomes for individuals with mental illness, substance abuse disorders, mental retardation and other developmental disabilities and dual diagnoses.
3. Each Regional Board should develop a strategic plan that describes clearly set objectives, strategies and a timetable to implement them, and cost estimates. The board's plan should include expected

outcomes and measurable indicators. The plans should be an integral part of the statewide planning process.

4. The Department of Mental Health and Mental Retardation Services should develop a standardized method to calculate charity allowances (i.e. Centers are required by statute to provide services regardless of a person's ability to pay.). The Department should require the boards to use that method and report annually, in conjunction with their annual financial statement audit, a separate schedule of charity allowances. The boards' independent auditors should be required to certify that the charity allowances are reported in accordance with the department's instructions.

Additional issues identified included: the difficulty of assessing consumer outcomes and the implementation of best practices across the state. More accurate data needs to be collected in these areas for future use.

The complete report (Research Report #340) can be viewed and/or downloaded from the LRC website at: http://www.lrc.ky.gov/lrcpubs/research_reports.htm or copies can be obtained by calling 502-564-8100 ext. 884.

Senator Kelly asked for clarification about the regions that have higher poverty rates and a higher uninsured population and whether they have a higher percentage of people requesting services; are the regions funded on a per capita basis and do we take into account poverty and the number of persons who are uninsured?

Steve Shannon, Executive Director of the KY Association of Regional MH/MR Programs (KARP) provided the clarification on funding each of the regions and the criteria used:

- 15% is per capita basis.
- 10% is discretionary funding allocated at the discretion of the cabinet secretary.
- 60% is allocated based on service units reported in each region's annual plan and budget.
- 15% is incentive funding based on the local tax match and other local match of each region. These funds are weighted based on the per capita wealth of the region.

Secretary Birdwhistell asked for clarification on the recommendation regarding merging the HB 843 Commission and the HB 144 Commission, seeking input from the legislators in attendance on whether or not this would be a viable option.

Representative Marzian said that she wanted to take a look at this proposal very carefully before proceeding because when the HB 843 Commission was created there was a real lack of education and knowledge among communities and legislators regarding mental health and substance abuse issues. Unfortunately mental health, substance abuse, developmental disabilities and mental retardation are often lumped together into one category when in fact the conditions are very different. For funding purposes it proved advantageous to separate them out and to be able to clearly define individual needs for each population. The separation of the two commissions has proved to be valuable in educating people about the differences between the disabilities and funding needs that are required to adequately serve them.

Senator Kelly stated that one issue he noted was the difference in the percentages of persons being served. Persons with MRDD represent about 2% of the population and the needs and services for these individuals may get lost if the two commissions are merged. If the group is expanded it becomes more difficult to hear the individual and specific needs for each of these populations.

Secretary Birdwhistell thanked both of the legislators for their opinions and stated that he was not in favor of merging the commissions at this time and he felt that the consensus of the legislators present was supportive of that position.

National Association of State Mental Health Program Directors (NASMHPD)

Site Visit Follow-Up

Rita Ruggles

Rita Ruggles gave an overview and update from the HB 843 Commission retreat meetings in September and December 2006. The systems mapping project was a strategic action to identify and outline a process to assess systems variables in dealing with persons who are experiencing a mental health crisis or emergency. The goal of the project was to demonstrate a process which could yield information about performing timely assessment, stabilization and transportation for voluntary admissions, and assure that patients in crisis receive the supports they need through better collaboration particularly among the smaller, more rural hospitals, CMHC's and local law enforcement agencies. The systems mapping approach demonstrated outcomes and recommendations of this project can be utilized on the local level to improve services to persons in psychiatric crises.

Participation in the two meetings of the HB 843 Commission made clear that there is a great deal of interest in systems change and reform at both the state and local levels. The involvement of senior state-level officials will provide the momentum needed to sustain changes. The involvement of service providers will help to inform realistic expectations about the pace and content of needed systems changes. The active involvement of consumers and family members will help to insure that the process remains focused on getting the right mix of needed services to the identified target populations.

The momentum created by the Commission's interest in crisis services, combined with the work of the Other State Agency study offers a rare opportunity to promote real change in a timely fashion. The consultant recommended the following next steps in order to help move the process forward:

1. Engage all relevant state agencies in the work of identifying the resources that are currently, or could potentially be utilized to enhance crisis services. This means examining both the resources that are currently used for this purposes as well as resources currently being deployed in other program areas that might better be utilized to address crisis response services.
2. Require each regional authority to assume responsibility for mapping the configuration of crisis services in their area. The six-step mapping process, included both a description of the current environment as well as a desired alternative system in which integrated crisis services are available.
3. Utilize existing and emerging evidence-based practice models to inform systems change in Kentucky. There is already a range of models operating or under development within the state that provide opportunities for replication either regionally or statewide.
4. Keep the Kentucky HB 843 Commission actively involved in identifying and promoting solutions to crisis service system issues. Because of its composition, stature and authority, the Commission offers an ideal venue for supporting the process of systems change at both the state and regional levels.

Rita stated that the DIVERTS program is one initiative that is building collaboration at the community level and addressing some of the issues identified at the retreat. Additional programs and initiatives need to be developed as well to ensure that persons experiencing a psychiatric emergency receive the most effective treatment.

The final report from the consultant can be found on the department's website at: <http://mhmr.ky.gov/mhsas/HB83> under reports.

Secretary Birdwhistell recommended that the Commission review the report and make recommendations on how to proceed. One idea he suggested would be a report to the Commission from the DMHMRS on these four recommendations and their status. DMHMRS can identify which ones are being implemented and whether more money is needed to accomplish the others.

Representative Marzian stated that some of these recommendations were already moving forward with the passing of the CIT initiative by the General Assembly..

Steve Shannon suggested that the 14 HB 843 Regional Planning Councils review the recommendations and report on them to the Commission. Representative Marzian endorsed this suggestion, reminding those present that the HB 843 process is built on the "bottom-up" approach, with data and recommendations coming up from the regions.

Secretary Birdwhistell said that if additional funding is needed to implement the recommendations, they could be included in the 2008 Cabinet budget request. He would like a balanced focus for the 2008 budget request that includes community mental health and the new funding for the Eastern State Hospital project.

DIVERTS Update

Dr. Eugene Foster

Dr. Foster gave an update on the current DIVERTS Phase I initiative the four western Kentucky CMHC regions served by Western State Hospital. He outlined the goals and implementation of the DIVERTS Phase II as a statewide initiative which would include the other 10 CMHC regions. He thanked NAMI-KY for the vital role they have played in emphasizing the importance of community-based services as the focus of this initiative. The four regional community mental health centers participating in DIVERTS Phase I have experienced considerable success in better meeting the acute needs of individuals with mental illness, as seen in the reduction of admissions and re-admissions to Western State Hospital, a goal set by the Cabinet for Health and Family Services. The Cabinet is extending the DIVERTS concept and funding statewide. DIVERTS Phase II will require each CMHC to develop a regional plans to accomplish the goal of diverting individuals with mental illness and co-occurring disorders who are in acute distress to the most appropriate treatment to meet their needs.

Each of the ten CMHC regions not participating in DIVERTS Phase I is charged with the responsibility of developing a Regional Plan for DIVERTS Phase II by June 1, 2007. The focus is four-fold: reducing unnecessary hospitalizations in psychiatric facilities, diverting individuals from jail to treatment, reducing homelessness linked to mental illness and substance abuse, and reducing suicides of persons identified as having a serious mental illness. The regional plans will then be integrated by the Cabinet into the overall comprehensive plan for DIVERTS Phase II. The leadership of the ten CMHC regions has been encouraged to coordinate their efforts with their respective HB 843 Regional Planning Council's in developing their DIVERT plan.

Each region is encouraged to seek creative solutions for addressing the focus areas which are identified in their catchment area as being the most pressing in order to assure the appropriate level of care in the most appropriate setting to meet the acute behavioral health treatment needs. Elements that have been incorporated in DIVERTS Phase I with regard to "gatekeeping" hospital admissions and readmissions and

developing needed community-based treatment alternatives shall be considered in the development of Phase II plans. These key elements include:

- Gatekeeping teams
- Case management
- Telemental health and e-contact Technology
- Crisis stabilization programs

It is requested that each of the regions assess their current practices consistent with the DIVERTS II focus areas and goals and others, such as Crisis Intervention Team (CIT) training, increased access to peer and family supports and services, and enhanced transition planning. The regions are then to identify existing resources, including the use of Medicaid funding, to meet these goals.

Regions are expected to include in their plans specific goals and budget requirements, including the use of existing funding as well as the need for new funding. These goals and budget requirements will be used by the Department of Mental Health and Mental Retardation (DMHMR) in their efforts to designate funding for DIVERTS Phase II.

Each plan will include:

- Assessment of regional needs in the four focus areas
- Region-specific goals, targets, and outcomes for SFY '08 as well as for the next biennium.
- Proposed strategies for reducing unnecessary psychiatric hospitalizations, jail placements, homelessness or suicides
- Proposed strategies for building community-based treatment capacity for individuals with mental illness and co-occurring disorders who are in acute need
- Total budget requirements in terms of both existing resources and new funding for SFY '08 and also for the next biennium.

Regions should submit to DMHMR by June 1, 2007 the DIVERTS Phase II regional plans, budget for SFY '08, and proposed budget for the SFY '09 – '10 biennium.

Kentucky River Community Care, Inc. – “Reclaiming Futures” Grant Initiative

Dr. Louise Howell, Emmitt Hayes, Michele Kilgore, Judge McClanahan, Pam Pilgrim

Dr. Howell discussed that in their 2000 Regional Planning Council needs assessment one of the major problems identified was the communities' intense concern about their children, drug abuse, and youth getting involved in the criminal justice system. Because this was such a major concern, KRCC acted on the information in four counties with the assistance of Reclaiming Futures, a national initiative of the Robert Wood Johnson Foundation. The Reclaiming Futures approach has value for the entire state by joining a community mental health center with a national program like Reclaiming Futures, and becoming a major catalyst for change.

Reclaiming Futures in the Mountains of Kentucky was one of 10 projects funded by The Robert Wood Johnson Foundation in 2002 to create new approaches to help teens involved with drugs, alcohol, and crime. Kentucky River Community Care partners with the courts, treatment facilities, juvenile justice, and communities in four counties in the Appalachian Mountains to meet the urgent needs of young people in the juvenile justice system.

Almost one-third of the estimated 6,000 teens ages 10-18 who live in Breathitt, Lee, Owsley, and Wolfe counties abuse alcohol or drugs - or are at risk of doing so. Marijuana use in these four counties is almost twice the national average - 5.8 percent versus 3.4 percent nationally.

Key components of the Reclaiming Futures project are:

- Assess teens who are already in the juvenile justice system who are using drugs are at risk for drug use;
- Provide increased drug and alcohol treatment to youth;
- Promote accountability among teens;
- Increase the number of diversion and dispositional options available to youth;
- Connect youth with jobs, schools, and volunteer opportunities within their communities;
- Streamline services and resources among agencies and across counties.

Kentucky River Community Care is supporting the community's efforts as they serve more than 500 youth by providing awareness activities, early screening and early intervention services and pro-social activities, and by developing community protective factors that will provide ongoing supports for the targeted youth and their families.

The core partners collaborating and participating in the Reclaiming Futures Initiative are:

- District judges
- Department for Juvenile Justice
- Breathitt Regional Juvenile Detention Center
- Court Designated Workers Education
- Kentucky River Community Care, Inc
- Kentucky State Police and local police
- Protection and Permanency

Dr. Howell introduced the Reclaiming Futures panel in attendance to present an overview of the program goals and specifics. *Presenter remarks are attached to the minutes.*

Emmitt Hayes

- *Member of the Reclaiming Futures National Advisory Committee*

Michelle Kilgore

- *Kentucky River Community Care, Inc. Employee*
- *Project Director for Reclaiming Futures in the Mountains of Kentucky*
- *CMHC Representative on Kentucky River Regional Interagency Council (RIAC)*

Judge Ralph McClanahan

- *District Judge in Kentucky's 23rd Judicial District*
- *Chief Regional District Judge of the Bluegrass Division*
- *Judicial Fellow for Reclaiming Futures in the Mountains of Kentucky*

Pam Pilgrim

- *President of the Wolfe County Woman's Club*

- *Member of the Wolfe / Breathitt Operation UNITE Drug Court*
- *Founding Member of the Wolfe County ASAP Board*
- *Community Fellow for Reclaiming Futures in the Mountains of Kentucky*

Senator Kelly asked Judge McClanahan if the current Court Designated Workers (CDW) could be trained to be the service coordinators.

Judge McClanahan responded that the current CDW could be trained but not all judges require a CDW to be in court. Certainly this is an initiative that they could take on and be trained to do since it's basically coordinating the services that are already in place. This project has implemented sharing information and data between agencies while maintaining confidentiality which has improved the service coordination tremendously.

Senator Kelly said by training the CDWs in this role, providing more funding to the regional centers to expand their role and ensure collaboration with Agency for Substance Abuse Policy (ASAP) there could be a sustainable model across the state. Senator Kelly reiterated the importance of putting together a team of resources to make this program a success.

Michele Kilgore stated that the Regional Inter-Agency Councils acts as sort of a governing body for this whole process. They partner with ASAP and the community organizations to provide the after-treatment component. The Local Resource Coordinators can also be utilized to provide some of this coordination between providers.

Karyn Hascal (Governor's Office of Drug Control Policy) stated that it was energizing to hear about solutions that have been tested and proven in Kentucky as effective adolescent substance abuse treatment initiatives. Karyn asked if the communities have seen a reduction in stigma in the region. Pam Pilgrim said that there has definitely been a positive change throughout the communities in decreased stigma.

Representative Marzian stated that the program not only saves lives but also saves the state money which is important to the state legislature. She thanked KRCC for taking the time to attend the meeting to present their program and the effort they have put into saving the lives of the young people in their region.

Next Meeting/Next Steps

- ❖ Regional Planning Council Reports due to the Commission July 1, 2007
Steve Shannon

Steve Shannon gave an overview of the Regional Planning Council Reporting requirements and timeline. According to statute the Regional Planning Council Reports are due to the Commission by July 1, 2007. KARP will work in conjunction with the Regional Planning Councils statewide to ensure that reporting criteria and deadlines are met and regional plans and recommendations are addressed in the HB 843 Commission 2-year plan. Steve distributed an outline for the RPC reports and a reporting timeline.

With no further business, the meeting was adjourned.